

Adult Sports Registration Form

Return form via: Fax: 952-563-8715 | Email: ehubbard@bloomingtonmn.gov | Mail/Drop-Off: 1800 W Old Shakopee Road Bloomington,



Manager Information

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

**Your email address will be used as the primary form of communication. A frequently-checked email address must be listed **

Phones: H: _____ W: _____ C: _____

Team Information

Team Name: _____

Maximum 20 Characters

Was your team in a Bloomington league last year? ☐ Yes ☐ No

If yes, what was your previous team name? _____

If yes, in what league and night did you previously play? _____

Are you a new manager for this team? ☐ Yes ☐ No

If yes, who was the old manager? _____

Are you requesting a transfer to a different league/day? ☐ Yes ☐ No

If yes, in what league and night did you previously play? _____

****Priority registration for returning teams applies only to the exact league and night a team participated in the previous year. Returning teams who desire to transfer leagues or nights will be processed based on availability and prior to new teams in the order in which registration and payment are received.****

Basketball

Res: \$620 Non-Res: \$645

	Sunday—Men's D
	Wednesday—Men's D
	Thursday—Men's C

Volleyball

Res: \$295 Non-Res: \$320

	Women's		Monday		Bronze
	Co-Rec		Tuesday		Silver
			Wednesday		Gold
			Thursday		

Dodgeball

\$140/team

	Co-Rec		Thursday
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For Office Use Only

Date Received ____/____/____

Staff Initials: _____

Signature _____ Date _____

The City of Bloomington does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs or activities. Upon request, accommodation will be provided to allow individuals with disabilities to participate in all City of Bloomington services, programs and activities. Upon request, this information can be provided in Braille, large print, audio tape and/or computer disk.

Cancellation/Withdrawal Policy

Full refunds will be processed if the league your team is registered for is cancelled by Parks and Recreation due to lack of teams.

Pro-rated refunds will be processed if scheduled games are cancelled and make up dates are not available due to unavailable facilities.

Teams will receive a full refund less a \$50 service charge if your team withdraws at least 3 weeks before the start of play.

Refunds will not be processed if your team withdraws less than 3 weeks before the start of play or if your team is removed from the league due to disciplinary action.

Authorized Fee Amount: \$ _____

Payment Method:

☐ Cash ☐ Check # _____ (Payable to City of Bloomington)

☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx

Cardholder Name: _____

Cardholder Signature: _____

Card Number _____ - _____ - _____ - _____ Card Expiration Date: ____/____ Security Code: _____

(3 on back; AmEX: 4 on front)